



229092

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

COPY

Posted: AdDept: NADate: 4/8/11Time: 9:30BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2011 - 151 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Stanley Lee DeanTelephone: 803-308-5758Address: 1441 Providence Rd.
Orangeburg S.C. 29118Fax: 803-531-0670

Other: _____

Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☒ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: _____

RECEIVED

APR 07 2011

PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

RECEIVED Date: April 5-2011

CLASS C - TAXI

APR 07 2011

PSC SC
CLERK'S OFFICE

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Stanley Dixon dba Dixon ~~Taxi Service~~
TAXI Service

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Stanley Dixon dba TAXI Service

1441 Providence Rd

Street Address of Applicant

Orangeburg, S.C. 29118

Mailing Address of Applicant if different from street address

803-308-5758

Phone

803-531-0670

Fax

None

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month April 5 Year 2011

Assets:

Cash	
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	\$4000
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$150 A mile

Counties to be Served:

Bamberg, Orangeburg, ~~St Matthew~~, Lexington,
Richland, Calhoun

Maximum Number of Passengers per Vehicle:

#8 #17



1888 444 7335

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:

Stanley Dixon

Name of Motor Carrier

1441 Providence Rd Orangeburg S.C. 29118

Address of Motor Carrier

(See ATTACHED)

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 25,000

Limits \$500,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers

\$ 25,000/50,000/25,000

8-15 Passengers

\$ 25,000/100,000/25,000

Direct General Insurance Company

Name of Insurance Company

1281 Murfreesboro Rd Nashville TN 37217

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Coverage Provide By:
Direct General Insurance Company
 1281 MURFREESBORO RD.
 NASHVILLE TN 37217
 Toll-free: 800-627-8006 • 888-611-5301 (Español)

INSURED:
 Stanley L Dixon
 1441 Providence Rd
 Orangeburg SC 29118

AGENT:
 DIRECT GENERAL INS AGENCY
 911 Chestnut St Space 3
 Orangeburg SC, 291153505

PolicyNumber: SCPD147105162

From: 12:00 AM June 18, 2010
 To: 12:00 AM June 18, 2011

Date Processed: April 06, 2011

Original Policy Declarations - Personal Auto

Your policy consist of this Declarations Page, your Personal Auto Policy, your Application for Insurance and any endorsements that apply, including those issued to you at any subsequent renewal by us.

Description of Insured property:

Unit	Year	Make/Model	Description	Identification	Use	Ter	CLS
1	1995	FORD	PKP 2WD4X2,8CYL,5.0L,GAS	1FTEF25N1SNA63165	PL	261	1
2	1996	FORD	UTIL 4WD,6CYL,4.0L,GAS,4 DR	1FMDU34X2TUC13197	PL	261	MS47

Coverage is provided only where a premium, limit or deductible are shown

Coverage Description	Coverage Limit	Unit 1		Unit 2		Unit 3	
		Premium	Ded	Premium	Ded	Premium	Ded
Bodily Injury	25,000/person 50,000/accident	\$ 365.00		\$ 439.00			
Property Damage	25,000/accident	\$ 215.00		\$ 253.00			
Uninsured Motorist BI	25,000/person 50,000/accident	\$ 48.00		\$ 55.00			
Uninsured Motorist PD	25,000/accident	\$ 38.00	200	\$ 36.00	200		
Accidental Death	5,000/person	\$ 19.00		\$ 0.00			
Full Term Premium		\$ 685.00		\$ 783.00			

Total Charges \$ 1,468.00

Driver	Driver Name	Type of Driver
1	Stanley L Dixon	Principal

Loss Payee(s) Name Address and City State Zip Code:

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Violations

DRV#	Code	Vol-Date	AAF/Details	DRV#	Code	Vol-Date	AAF/Details
1	11	12/17/2009	N Not-At-Fault Ac	1	116	08/27/2008	N Open Container

Endorsements made part of this policy at time of issue:

ACCIDENTAL DEATH BENEFIT END	SC Offer of Optional UM Cov	Amendatory Endorsement
AUTO APPLICATION	Personal Auto Policy	

Premium Discounts applied:

Multi-Car Disco



Exhibit FWA

Stanley Dixon

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?
☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF OrangeburgStanley Dixon
Applicant's Signature

I, Stanley Dixon, owner
Name of Applicant's Representative Title
of Dixon Taxi Cab
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Stanley Dixon
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 6th day of April 2011

Marie B. Joffe
Notary PublicCommission Expires 2-2-2015